

**VOLUNTEER REGISTRATION RECORD**  
**SHORT TERM VOLUNTEERS**  
Michigan Family Independence Agency

**PERSONAL DATA:**

Volunteer Name (Last, First, Middle Name)			Birth Date	
Home Address (Street Number and Name, Rural Route, PO Box No.)			Person To Notify in case of emergency:	
City	Phone Number (     )	Zip		
Home Telephone Number (     )			Phone Number (     )	
Do you require reasonable accommodations in order to perform volunteer services? <input type="checkbox"/> No <input type="checkbox"/> Yes (Please Explain)				

Yes    No

- ☐ ☐ Have you been identified as a perpetrator of child abuse or neglect?
- ☐ ☐ Have you been convicted of a felony?
- ☐ ☐ Have you been convicted of a misdemeanor?
- ☐ ☐ Have you received any moving traffic violations?
- ☐ ☐ Do you have a felony charge pending?

**I understand that I must not divulge information contained in Family Independence Agency records and files, or information that is obtained while performing FIA activities, except to other FIA paid or unpaid staff who may need such information in connection with their duties.**

**I will continue to observe this confidentiality agreement after I leave the Volunteer Services of the Family Independence Agency.**

You have my permission to contact references, and to do a criminal record check, a children's protective services record check and a driving record check with the Secretary of State.    ☐ Yes    ☐ No

Volunteer Signature	Date	Interviewer Signature	Date
Signature of parent or guardian if volunteer is a minor	Date		

I authorize the use of my name and photograph/video taken for publicity purposes.    ☐ Yes    ☐ No

**OFFICE USE ONLY**

Placement Notes:  _____	
AUTHORITY: P. A. 280 of 1939. RESPONSE: Voluntary PENALTY: None	The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.